DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-P

25 JUL 2008

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Improving Medical Evaluation Board (MEB) Processing

1. Reference: OTSG/MEDCOM Policy Memorandum 07-040, 26 Sep 07, subject: Metrics and Procedures for Improving Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) Processing.

2. Decreasing MEB processing time within the Army Medical Department (AMEDD) is a critical component of demonstrating our commitment to taking care of our Soldiers. We are reinforcing the Medical Command (MEDCOM)-wide performance targets for MEB processing:

a. 80% of MEBs completed within 90 days from physician initiation of the MEB or from the date the medical treatment facility (MTF) receives the case from the MOS/ Medical Retention Board (MMRB) convening authority.

b. 80% of MEBs completed within 30 days of dictation of the narrative summary.

c. Maintain a case return rate of 10% or less.

3. These targets will likely create new performance gaps at MEDCOM MTFs. We direct each MTF Commander to execute the enclosed action plan, leveraging successful best business practices from across the MEDCOM. Commanders will execute this action plan to meet new performance targets no later than the end of the second quarter of fiscal year 2009.

4. Our point of contact is Mr. Michael Griffin, Deputy Chief, Patient Administration Division, Directorate of Health Policy and Services, DSN 471-7855 or commercial (210) 221-7855.

Encl

GEORGE W. WEIGHTMAN
Major General
Commanding

US ARMY MEDICAL COMMAND (MEDCOM)
MEDICAL EVALUATION BOARD (MEB)
PROCESSING ACTION PLAN

1. SITUATION.

a. On 23 Sep 07, the MEDCOM Chief of Staff signed a memorandum directing the Army Medical Department (AMEDD) to improve and closely monitor MEB processing. Over the past year a number of initiatives in support of the Army Medical Action Plan (AMAP) have focused attention on improving the overall MEB processing within the AMEDD. However, the most recent statistics show decreased performance rather than incremental gains.

b. Improving MEB processing is a medical treatment facility (MTF) Commander's responsibility as part of the provision of healthcare to the Soldier and his/her family.

c. The MEDCOM-wide performance targets for MEB processing are:

(1) 80% of MEBs completed within 90 days from physician initiation of the MEB or from the date the MTF receives the case from the MOS/Medical Retention Board (MMRB) Convening Authority.

(2) 80% of MEBs completed within 30 days of dictation of the narrative summary (NARSUM).

(3) Maintain a case return rate of 10% or less.

2. MISSION. All MEDCOM MTFs must achieve the MEB processing targets no later than (NLT) the end of the second quarter of fiscal year (FY) 2009.

3. EXECUTION.

a. Commander's Intent. We are holding the Regional Medical Command (RMC) Commanders accountable for their subordinate MTF Commanders' performance in reaching the MEDCOM-wide MEB processing targets NLT the end of the second quarter of FY 2009. Some MTFs' MEB processing may already be performing at target or better - we congratulate those commanders and remind them that we will continue to monitor these metrics. The MTFs that are not meeting MEB performance targets demonstrate gaps in their overall performance. Therefore, MTF Commanders must take action(s) to address these gaps and improve performance.

b. Concept of Operations. The MEB processing must be a core competency for AMEDD. The MTF Commanders will improve MEB processing using these focused actions to meet the performance targets and will commit time, resources, and detailed attention to this effort. The following initiatives have been communicated in various

OTSG/MEDCOM Policies, AMAP Orders, Lean Six Sigma (LSS) Projects, and directives/pilot programs.

(1) **Monitor the treat/heal phase.** The rehabilitation phase is potentially the most time-consuming phase and is by far the most difficult to monitor. Physicians must implement treatment plans that allow Soldiers to reach optimal medical benefit as quickly as possible. However, care must be exercised to prevent premature MEB initiation.

(2) **Assign Dedicated MEB Physicians.** At a minimum, MEB physicians are assigned at the rate of one for every 120 Soldiers in the MEB process. The MEB Physicians serve as clinical experts in the preparation of required supporting medical documentation for the MEB. A dedicated MEB Physician is a physician whose sole responsibility is MEB processing. It is not appropriate to make this a part time additional duty function.

(3) **Central Processing Center**. The MTFs will establish a centralized processing center to oversee all clinical and administrative support requirements necessary for MEB processing.

(4) **Standardize the Physical Education Board Liaison Officer (PEBLO) Workload**. At a minimum, PEBLOs will be assigned at the rate of one PEBLO for every 30 Soldiers in the MEB process.

(5) **Weekly Management/Oversight of Soldiers.** The Deputy Commander for Clinical Services (DCCS) and Chief, Patient Administration Division (C, PAD), have overall responsibility for the clinical and administrative processing of MEBs. The status of Soldiers in the Warriors in Transition Unit (WTU) and others within the MEB processing phase must be aggressively managed on a weekly basis to ensure these Soldiers are being processed in a timely manner. The DCCS, or their designated representative, will closely manage appointments for Soldiers undergoing MEB processing in accordance with MEDCOM policy. Soldiers should not schedule their own MEB related appointments.

(6) **Use of the Medical Evaluation Board Internal Tracking Tool (MEBITT) application**. The MEBITT is the primary database for managing Soldiers in the Physical Disability Evaluation System (PDES). All MTFs are required to use this

application. Data input into MEBITT must be timely and accurate. To ensure data quality, run a weekly Average Processing Time (APT) (Appendix A) report to monitor

the individual case processing and average case-processing per phase. The MEBITT provides MTFs with access to real time and retrospective data. Additionally, it provides MTFs the ability to conduct data analysis, provide unit Commander's with status updates, and identifies when cases exceed the standards.

(7) **Oversight of Retuned MEBs.** The DCCS or the designated MEB-approving official will review all cases returned by the PEB. The DCCS or the designated MEB-approving official will aggressively manage, correct, and resubmit cases to the PEB within 30 days of receipt. Cases not returned to the PEB within 60 days will be administratively terminated by the PEB. The MEDCOM will forward US Army Physical Disability Agency (USAPDA) generated return rates trends monthly to the DCCSs, C,PADs, and PEBLOs.

(8) **Staff Training/Education for PEBLOs.** All PEBLOs are required to be trained and certified in accordance with OTSG/MEDCOM Policy Memorandum 07-029, 24 Jul 07, subject: PEBLO Training and Certification. Three options were created to facilitate PEBLO knowledge and education:

(a) Distance Learning module on the Army Medical Department Center and School (AMEDDC&S) website.

(b) Biennial PEBLO Training Conference.

(c) Resident PEBLO Sustainment Courses which are held three times per year.

At the conclusion of an educational opportunity PEBLOs are required to demonstrate proficiency and become certified. New hires have 180 days to complete their certification as a condition of their appointment. This requirement has been added to the standard position descriptions for PEBLOs and is contained within OTSG/MEDCOM Policy Memorandum 07-051, 11 Dec 07, subject: PEBLO Standardized Positions Descriptions.

(9) **Staff Training/Education for MEB Physicians.** Training for the MEB physician is provided by the MEDCOM and the USAPDA. Provider-specific distance learning modules for MEB physicians are nearing completion and will be available though the AMEDDC&S. Additionally, attendance at the USAPDAs Senior Adjudicator Course is highly encouraged.

(10) **Soldier Education and Training.** Providing PDES education and managing the Soldiers' expectations throughout the process is critical to ensuring

Soldier and family satisfaction. The PEBLOs play a key role in this education process through one-on-one education as well as through the following actions:

(a) All Soldiers will attend an individual or group MEB briefing at the start of the PDES process utilizing the MEDCOM approved standard briefing.

(b) All Soldiers will receive a copy of the PDES pocket handbook jointly developed by the USAPDA and MEDCOM.

(c) All Soldiers will receive briefings on the MyMEB/MyPEB Army Knowledge Online (AKO) website and be given a copy of the MyMEB Trifold. Within one week of loading the Soldiers' case in MEBITT, PEBLOs will have Soldiers log in to AKO and have Soldiers look up their file on MyMEB.

(d) The PEBLOs will provide Soldiers with a copy of the Department of the Army Form 5893-R, Soldier's MEB and PEB Counseling Checklist and educate the Soldier on all the resources available to support them through the PDES process (e.g., Office of Soldier Counsel).

(11) **Post-Counseling Surveys to Assess the Soldier's Understanding of and Satisfaction with the MEB/PEB Processes.** A survey instrument was developed for Soldiers assigned to WTUs to assess whether the Soldier and/or Families understood the MEB/PEB process. Feedback from this Decision Support Center instrument will be consolidated and reported back to the RMCs/MTFs. Additionally, Soldiers who log on to the MyMEB also have the option to complete a short survey. Feedback, both positive and negative, is monitored by MEDCOM PAD and provided to the specific PEBLOs at the MTF.

(12) **Review and Reduce Administrative and Clinical Documents Required for the MEB.** FRAGO 29 to OPORD 07-55 reduced the number of documents required for submission to the PEB from 32 to 19, reformatted the Commander's Letter, and added a Commander's Performance and Functional Statement.

(13) **Automate the MEB.** This project is in the early stage with the goal to fully automate MEB processing and related business intelligence. The end state is to abandon legacy paper processing by leveraging existing Army and Department of Defense (DoD) infrastructure called IBM Workplace Forms, content management, and business process management tools. Project Full Operational Capability is estimated to be in Jan 09.

(14) **Disability Evaluation System Pilot**. The pilot will create, within the boundaries of DoD and Department of Veterans Affair current law, a process that requires one comprehensive physical exam and one rating. It provides smoother post-separation transition for veterans and their Families – including medical treatment, evaluation, and delivery of compensation, benefits and entitlements; and makes the disability process easier for the service-members and their Families.

c. Tasks to Subordinate Commanders.

(1) The RMC Commanders are responsible for their subordinate MTFs' MEB processing performance and the actions taken to reach performance targets NLT the end of the second quarter of FY 2009.

(2) The RMC Commanders will ensure MTFs comply with the data entry requirements for the MEBITT, which is the source data collection system for measuring progress towards reaching the performance targets.

d. Tasks to OTSG/MEDCOM Headquarters OneStaff.

(1) Patient Administration Division, Directorate of Health Policy and Services, is responsible for:

(a) Providing oversight and support to subordinate commands and MTFs executing this Action Plan.

(b) Providing quarterly updates to the MEDCOM Chief of Staff on MTF progress towards meeting the MEB processing goals.

(c) Providing monthly performance metrics to the Decision Support Center, Directorate of Health Policy and Services, for posting to the Command Management System (CMS).

(d) Incorporating MEB processing measures and targets into the MEDCOM Balanced Scorecard under "Improve Access and Continuity of Care" as follows:

- 80% of MEBs completed within 90 days from physician initiation of the MEB or from the date the MTF receives the case from the MMRB Convening Authority.
- 80% of MEBs completed within 30 days of dictation of the NARSUM.
- Maintain a case return rate of 10% or less.

(2) Decision Support Center, Directorate of Health Policy and Services, is responsible for:

(a) Posting monthly MEB processing metrics into the CMS.

(b) Surveying Soldiers for MEB processing satisfaction.

(3) Director of Strategy and Innovation is responsible for enterprise-wide oversight of LSS project(s) in Power Steering, consolidating reports of LSS benefits to MEDCOM and Army leaders, and providing strategic communication products on the success of multi-generational LSS projects such as this in various media to celebrate success, encourage LSS participation and training, and leverage enterprise-wide learning.

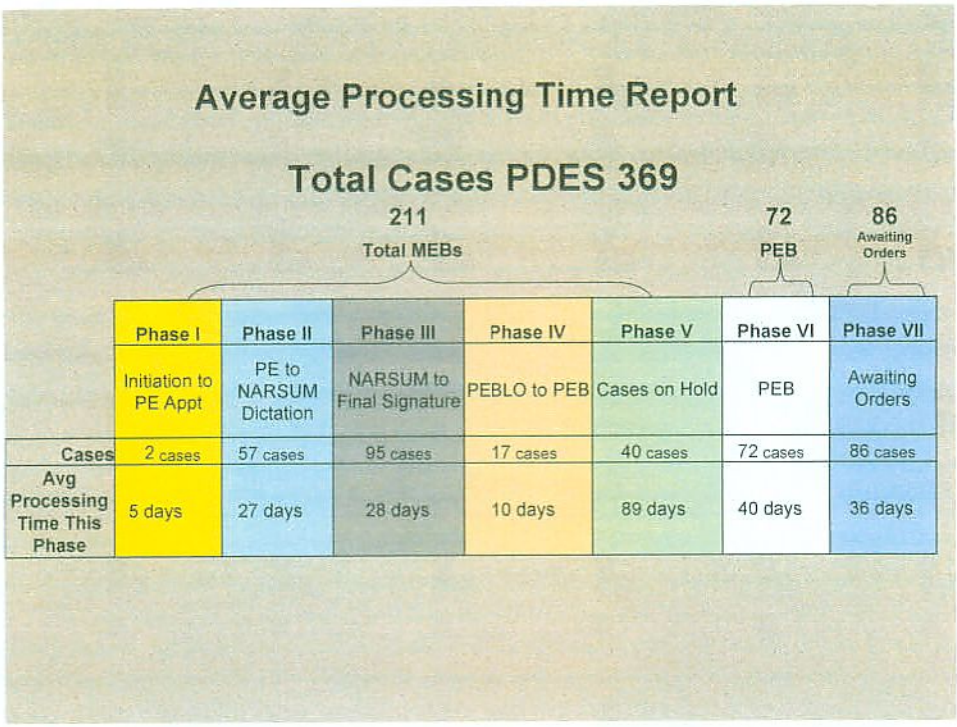
e. Coordinating Instructions.

(1) Direct coordination between RMCs and MTFs to improve performance is authorized and encouraged to leverage best practices and identify gaps in performance that may require additional Headquarters MEDCOM OneStaff support.

(2) OTSG/MEDCOM Headquarters OneStaff proponent for this Action Plan is Patient Administration Division, Directorate of Health Policy and Services, DSN 471-6113 or commercial (210) 221-6113.

(3) Current reference material regarding MEB/PEB processing is available on the MEDCOM PAD website https://pad.amedd.army.mil/meb.html and USAPDA website https://www.hrc.army.mil/site/active/TAGD/Pda/pdapage.htm.

Appendix A



Average Processing Time Report

Total Cases PDES 369

211 Total MEBs | 72 PEB | 86 Awaiting Orders

	Phase I	Phase II	Phase III	Phase IV	Phase V	Phase VI	Phase VII
	Initiation to PE Appt	PE to NARSUM Dictation	NARSUM to Final Signature	PEBLO to PEB	Cases on Hold	PEB	Awaiting Orders
Cases	2 cases	57 cases	95 cases	17 cases	40 cases	72 cases	86 cases
Avg Processing Time This Phase	5 days	27 days	28 days	10 days	89 days	40 days	36 days

This is a sample APT Report from one of our Medical Centers. The report provides an MTF snapshot in time of where cases are within the PDES (i.e., provides the number of cases and average processing time for the cases that are included within a more defined phase). The MTFs should run this report weekly to determine where backlogs may be occurring. Additionally, this report serves as a quality assurance tool that allows an MTF to drill down into each phase to determine specific APT for an individual in the PDES process.